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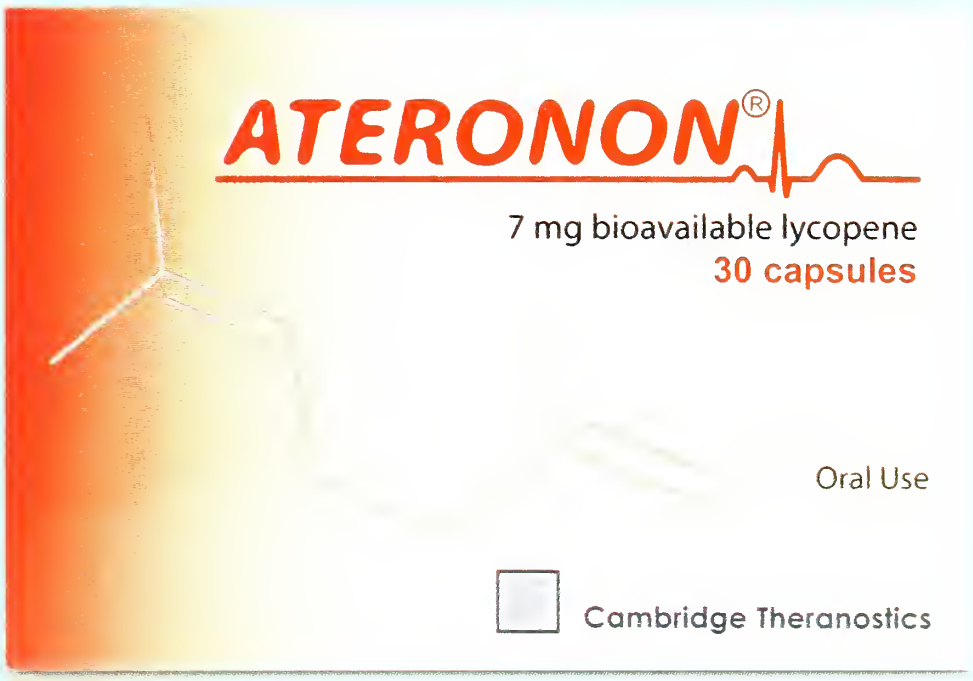
22 August 2009



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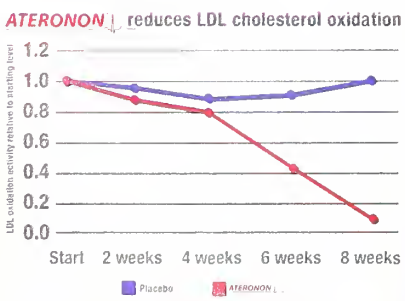

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22 August 2009

1859-2009 Celebrating 150 years

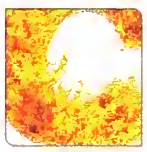
Excluded

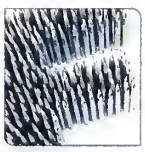
Pharmacists left off priority swine flu vaccination list

page 6

FREEZING PAIN

Have any of your patients described their pain as feeling ice cold? Chronic pain that is hard to treat can become frustrating. You can aid your patients by asking them to describe their pain, which will help you to identify those with neuropathic pain.





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> SOMEONE WITH MORE CHANCE OF DEALING WITH TENDONITIS THAN TAMIFLU SHOULD NOT GET THE VACCINE AHEAD OF A PHARMACIST

What a howler. What a let down. What a farce. Pharmacists are not on the swine flu vaccine priority list for professions with direct patient contact (p6). Rub your eyes, pinch yourself, spit out your tea – do all three at once – it won't change the message behind this week's swine flu vaccination programme.

The implication being that you are not considered a priority front line health worker. Not only do you rank behind GPs and nurses in team NHS, you're also playing second fiddle to occupational therapists, physiotherapists and student dentists. All of these groups will be inoculated ahead of pharmacists when the NHS gets its quota of the swine flu vaccine.

It's absolutely extraordinary that a selection policy apparently based on who has regular clinical contact with patients, and who provides direct patient care, can overlook pharmacists so spectacularly. Surely, the policy makers can't be serious. This is not a slight against physiotherapists – who perform a valuable service – but someone who has more chance of dealing with tendonitis than Tamiflu should not be getting the swine flu vaccine ahead of a pharmacist.

The sector does not deserve this snub. C+D has reported on those who have gone above and beyond the call of duty to help patients since swine flu struck. Many have volunteered to either staff antiviral distribution points or put their business forward as a place to distribute the drugs. Even those who have not been directly involved in distributing antivirals have been giving basic health advice about washing hands that will help the public avoid illness.

Perhaps some kind of administrative oversight is responsible for pharmacists' omission from the vaccine VIP list? Perhaps pharmacists will be included in revised plans in the future? A reality where the government has deliberately marginalised a profession it has showered with warm words and white papers would be much harder to take.

But if that is the unfortunate reality we face, then pharmacists must take heart. The sector has taken huge strides to improve its lobbying power. Campaigns such as C+D's Building Bridges have improved links with MPs. If you need reassurance then look at the list of best supported early day motions in parliament and you will find a petition on decriminalising dispensing errors among the top few.

Working together as an industry we make a formidable foe. It's up to you to decide whether or not getting the swine flu vaccine is an issue worth fighting for.

Send us your views at mgosney@cmpmedica.com

Max Gosney, News Editor

Pharmacists left out in the cold by swine flu vaccination plans

Front line pharmacy staff not on list of workers to get flu jab as a priority

Chris Chapman

Pharmacists have branded DH swine flu vaccination plans "unacceptable" after it emerged the sector would be excluded from the first wave of healthcare staff to get the jab.

Health secretary Andy Burnham announced the list of priority patient groups for vaccination against the H1N1 virus last week.

The list of "front line health and social workers" that will be offered the vaccine includes radiographers and volunteers, but does not mention pharmacists.

The news was confirmed by PSNC head of pharmacy practice Barbara Parsons, who told LPCs the Department of Health (DH) had adopted plans in its vaccination guide the Green Book and priority groups "do not include community pharmacy".

A DH spokeswoman confirmed the proposals as C+D went to press.

Pharmacist Graham Phillips, of Manor Pharmacy, Herts, said the news was "very frustrating" for pharmacists, many of whom have immediate contact with swine flu patients. He said: "It's unacceptable. It seems bizarre given the front line role we play."

Pharmacist Amish Patel said he was also concerned by the plans given the role pharmacists are playing in the current pandemic.

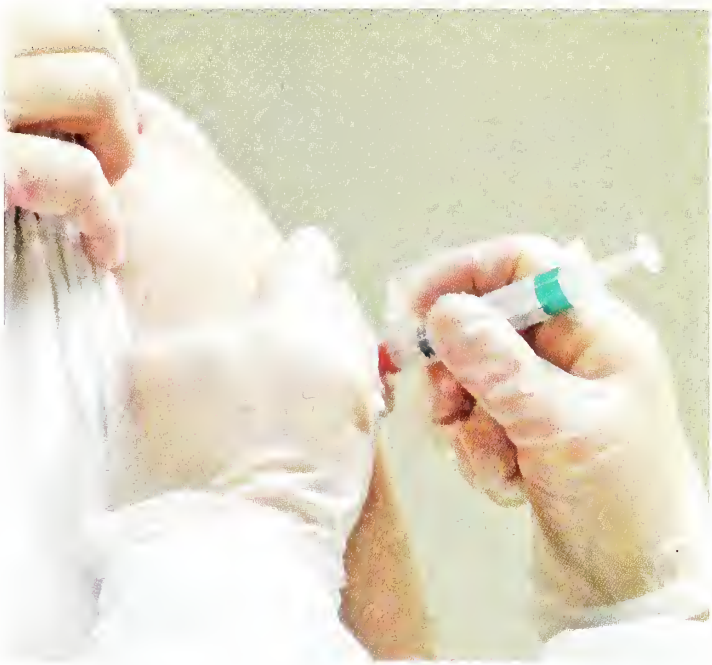
He said: "Pharmacies are collection points for antivirals. We've had patients coming in to collect their antiviral... doctors have minimal contact compared with pharmacists."

Mr Patel's comments were echoed by locum Lindsey Gilpin, who said: "As I was giving Tamiflu to someone who was coughing and breathing on me, I was thinking 'can I get very much more front line than this?'."

The list of priority workers due to have the jab, contained in an annex to a letter by chief medical officer Sir Liam Donaldson, includes doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists and radiographers, as well as students and trainees in these disciplines and volunteers who are working with patients.

Preparations were underway to extend the programme beyond these groups, the DH added.

The swine flu vaccine is not currently licensed and the programme start date is uncertain, but PSNC said it was "expected to be next month at the earliest".



Despite being in direct contact with infected patients, pharmacists are not seen as sufficiently at risk to be prioritised for vaccination

Industry hits out at decision

Industry bodies have vowed to renew pressure on the DH to protect pharmacists against swine flu following revelations the sector is not included in vaccination plans.

PSNC, the NPA and the Pharmacists' Defence Association (PDA) all pledged to raise the issue with the government.

PDA director John Murphy said it was "inconceivable" for pharmacists not to be included in the first wave of healthcare staff to be vaccinated.

"Pharmacists should be one of, if not the, highest priority of healthcare professionals to be vaccinated," Mr Murphy added.

PSNC would be making "strong representation" to the DH for pharmacists to be included in the priority groups for vaccination, said head of pharmacy practice Barbara Parsons.

The DH's Medicines, Pharmacy & Industry group (DH-MPI) also believed pharmacists should get the vaccine, Ms Parsons added.

The NPA would also be writing to the government and NHS to urge health chiefs to include pharmacists as a priority group, head of external relations Stephen Fishwick said. **CC**

What do you think of plans to exclude pharmacists? **cchapman@cmpmedica.com**

The answer is...

To celebrate C+D's 150th birthday this September, we look back at the events of 1859

Cigar-chomping engineer Isambard Kingdom Brunel dies shortly after the maiden voyage of his giant ship SS Great Eastern

1859

Private flu vaccination launched

Alliance Healthcare has launched a private seasonal flu vaccination service for independent pharmacies to offer under a patient group direction.

Patients are expected to be charged between £15 and £20 for vaccinations but Alliance Healthcare said pharmacy profits would depend on the proactivity, promotion and marketing of the service.

Pharmacies offering the service will have access to a telephone support line and will receive a range of marketing materials.

The move makes the wholesaler the second to offer such a service, following AAH last year.

Sanjay Pathak, head of professional services at Alliance Healthcare, said: "This service is more than a flu vaccination service. It is an opportunity for pharmacists to upskill and to demonstrate good customer care and service."

Mr Pathak said he expected increased demand for a seasonal flu vaccination service as the swine flu pandemic could put added pressure on access to GP surgeries, and that pharmacy provided a "convenient and accessible option".

Registration will require a one-off payment of £379 plus VAT and attendance at a one-day training session. **ZS**

Stock shortages lead to cases of patient distress

Panic attacks and hospitalisations blamed on supply problems

Zoe Smeaton

Shortages of branded medicines have left patients extremely distressed, with some seeing their conditions deteriorate and even being admitted to hospital, a C+D survey has found.

Of more than 150 community pharmacies that responded, almost a third said patients had already suffered because the pharmacy had had difficulty sourcing a medicine.

Eighty nine per cent of the pharmacists said they were "very concerned" patients would be affected, and the remaining 11 per cent had "some concern".

Roger Odd, a trustee of the Patients' Association, said: "There are 50 or more medicines that have been out of stock, it's unbelievable. It can't be right for patients to be suffering like this."

Conservative and Liberal Democrat MPs condemned the situation as unacceptable, and Howard Stoate MP, chair of the All-Party Pharmacy Group, said its members were "extremely concerned" that patients were unable to access medicines. The APPG would look into the issue when the House resat in the autumn, he added.

C+D received many accounts of the effect of shortages on patients, including several who had been caused stress or seen their conditions worsen. One pharmacist reported that a patient had panic attacks waiting for Cipralex, and another said the wait for Femara had caused "extreme distress".

In another case, a patient's blood pressure had increased while waiting for Aprovel, and for one a shortage of Plavix had contributed to a hospital admission, it was claimed.

Mr Odd said: "I'm concerned about the individual comments, with patients being stressed due to missed doses. It's totally unacceptable."

The survey revealed that all respondents were struggling to get at least some medicines, and 85 per cent had had to ask a GP to change a prescription.

Mr Stoate, also a GP, said: "Having to find alternative therapies is very time consuming for the GP and pharmacist; upsetting and worrying for the patient; and under certain circumstances could have implications for their condition."

C+D sent the results to pharmacy minister Mike O'Brien, health secretary Andy Burnham and chief pharmaceutical staff at the Department of Health. No responses were received as C+D went to press.

A spokesperson said the department was working with pharmacists, pharmaceutical companies and wholesalers to monitor the situation closely.

Stock survey by numbers

89% of respondents very concerned that patients will be affected by stock shortages

32% of pharmacists claimed shortages had directly harmed patients

8 in 10 respondents said products were harder to get hold of from manufacturers with bespoke distribution schemes

46% of pharmacists said they spend over two hours a week trying to get hold of stock

Comment from the manufacturers

David Fisher, commercial director, Association of the British Pharmaceutical Industry

"These results from a 1 per cent sample of pharmacies are consistent with much larger independent analysis.

"Manufacturers are oversupplying the UK, but as UK prices are low compared to other European countries, patients are being put at risk because medicines intended for UK patients are being diverted for export.

"Industry very much shares patient concerns and has been working with DH and pharmacy bodies on solutions. A Legal and Ethical Bulletin on exporting of medicines was issued recently by the RPSGB and the DH has issued a strongly worded letter to secondary care trusts discouraging any involvement in exporting. ABPI warmly welcomes these statements.

"It is clear from the list of products that medicines distributed by every type of wholesaler model are affected by diversion of UK stock. The difficulties which patients are experiencing are caused by exporting UK medicines, not by any particular distribution strategy."

"We need to resolve this problem as quickly as possible in order to prevent patients suffering shortages of much-needed medicines. The Department of Health, the Association of the British Pharmaceutical Industry and the Pharmaceutical Services Negotiating Committee need to speed up their current negotiations and treat this as a matter of urgency."
Mark Simmonds, shadow health minister

"The situation is clearly unacceptable. I have had concerns for some time and tabled parliamentary questions before the recess. The reply did nothing to reassure me that the government is taking this problem seriously. It needs to be looking at what part the change in distribution patterns has played, what effect the sterling exchange rate has had and also whether supplies are being diverted to internet suppliers."
Sandra Gidley MP, Liberal Democrats

"We're very concerned if this sort of problem results in patients having problems obtaining their medicines. We are monitoring the situation and this survey is very helpful to give us an idea of the sorts of problems that community pharmacists are facing."
Jonathan Mason, DH community pharmacy tsar

"The current supply chain relies on medicines being available within 24 to 48 hours. When this doesn't happen it causes stress and anxiety – and it is the patients who suffer most. The Society is already in discussion with the NPA and ABPI and we would welcome further discussions with other relevant parties."
Jeremy Holmes, chief executive, RPSGB

For more on the C+D Stock Survey see p 32

Xenical, Zyprexa and Cipralex top list of stock shortages

C+D Stock Survey reveals widespread problems obtaining some drugs

Chris Chapman
cchapman@cmpmedica.com

Xenical, Zyprexa and Cipralex have topped the list of drugs pharmacists are finding difficult to obtain, C+D can reveal.

Almost 38 per cent of respondents to a C+D survey said Xenical was one of the most hard-to-obtain branded medicines. Zyprexa and Cipralex were cited by 34 per cent and 23 per cent respectively.

In a statement, Xenical manufacturer Roche said patient access to its medicines was "of the utmost priority" for the company and that its team worked to "evaluate the level of supply needed of each medicine".

Hard to reach: the C+D Stock Survey provides insight into the difficulties pharmacists are facing in sourcing stock. Turn to p32 for a breakdown of the results

Lilly, manufacturer of Zyprexa, told C+D that the survey "does not reflect Lilly's current distribution arrangements". The deal, to distribute exclusively through wholesalers AAH and Phoenix, was implemented on July 6, two weeks prior to the launch of the survey. The company added that its new model "aims to offer patients and pharmacists better continuity and reliability".

Lundbeck, which manufactures Cipralex, was contacted by C+D but declined to comment.

The RPSGB and PSNC joined manufacturer body ABPI in warning the problem was in part caused by parallel exports. However, PSNC chief executive Sue Sharpe added that manufacturer "inflexibility", enforced by quotas, contributed to UK demand exceeding supply.

To see the manufacturer and industry responses in full, go to **www.chemistanddruggist.co.uk**

Comment from the supply chain

Martin Sawer, executive director, British Association of Pharmaceutical Wholesalers

"The burden on pharmacists sourcing medicines is increasing as overlapping factors – including manufacturers' UK stock allocations, increased price incentives for export, plus reduced wholesale models – mean there is less resilience in the branded medicines supply chain. The situation is not acceptable. If one patient suffers because of a delay in receiving medication then the medicines supply chain is failing. For pharmacy, BAPW and PSNC are trying to set up an 'emergency buffer stock solution', which might alleviate some of the time-consuming and unnecessary burden on pharmacists, instead of them having to search for medicines and order direct from different manufacturers, as they currently do – but this is not a permanent fix."

Stephen Fishwick, head of external relations, National Pharmacy Association

"We regard this as an urgent matter. As well as reminding pharmacies of their obligations to operate within the relevant legal and ethical frameworks, we have pressed manufacturers and wholesalers to act responsibly and flexibly to ensure supply.

"Meanwhile it is demonstrable that changes to the structure of medicines supply are less efficient than previous arrangements, increasing costs and administrative burden and we continue to make representations on the structural issues.

"The NPA has already had informal discussions with the OFT about re-opening an inquiry into the pharmaceutical supply chain. We continue to accumulate evidence to back a case for an inquiry."

Elaine Stevenson, Manor Pharmacy, Wallington, Surrey

"We have had problems and 90 per cent of the colleagues I speak to say they are unhappy with the supply chain at the moment too.

"It's all a hassle. If we can't get a medicine, the manufacturers won't take our call unless we have gone through the wholesaler first so it takes a lot of small steps just to get one simple order. And sometimes manufacturers say wholesalers have got the stocks, but then the wholesalers are saying they haven't got it.

"Then there's a customer service issue because we're explaining to customers exactly why we're struggling to get medicines but if they go to a different branch or a big multiple they might say they can get it so the patients think we're spinning them a yarn. That's a real problem for independent pharmacies."

Jonathan Mason gives you top tips on how to build links with PCTs

C+D Keynote Conference at Pharmacy Show 11th – 12th October 2009 / The NEC Birmingham www.thepharmacyshow.co.uk **See page 17**

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Dispensary talk

Would you ever go on strike over poor pay or working conditions?

"Yes, I would. It's like in Ireland at the moment, they're being squeezed. So unless we're militant enough to do that, they'll keep squeezing."
Jignesh Patel, Rohpharm pharmacy, London

"I've never thought about it. I'd have to say no, things would have to be pretty bad for me to go to that level."
Nicola Matlock, Park Lane Pharmacy, Carshalton

Web verdict

Yes 74%

No 26%

Armchair view: Pharmacists would go on strike over work and pay if necessary, with three-quarters of respondents saying they'd join a picket line if the situation demanded it.
Next week's question: Should pharmacists be vaccinated against swine flu?
Vote at **www.chemistanddruggist.co.uk**

MHRA and CPS tackle one-off dispensing errors

Talks begin with prosecutor over decriminalisation of single errors

Chris Chapman
cchapman@cmpmedica.com

C+D's Dispensing Justice campaign garnered support for decriminalisation of errors

Discussions are underway about securing a temporary freeze on the prosecution of single dispensing errors.

Following an initial meeting on August 6, the MHRA told C+D talks were "ongoing" with the Crown Prosecution Service (CPS) over suspending prosecutions of single dispensing errors, prior to any official change in medicines legislation.

The news comes two months after England's chief pharmacist Keith Ridge said talks to suspend prosecutions were a priority, but warned they would only provide an "interim solution".

A spokesperson for the CPS said it had asked the MHRA for further details before making a decision on whether it supported a temporary freeze over the prosecution of one-off dispensing errors.

"In the meantime cases will continue to be reviewed according to the Code for Crown Prosecutors and each case will be considered on its merit," she said.

In June, Dr Ridge announced that health chiefs would pressure the CPS to show leniency on dispensing error offences while medicines laws were revised.

C+D's Dispensing Justice campaign to decriminalise dispensing errors was sparked by the case of Elizabeth Lee, who was handed a three-month suspended sentence in April after making a dispensing error, despite bearing no responsibility for the patient's death.

Two hundred and twenty one MPs have signed an early day motion calling for the decriminalisation of dispensing errors (C+D, June 6, p5).

Co-op introduces hearing checks

The Co-operative Pharmacy has launched an audiology service offering patients free hearing checks.

The checks are carried out by qualified hearing aid audiologists in private consultation rooms, and patients must book appointments to take part.

If recommended, patients can then buy a private hearing aid or be referred to their GP if they wish to be considered for an NHS hearing aid.

The hearing aids will be fitted within three weeks and the patient has a 30-day trial with a free follow-up appointment.

Co-op has not revealed details of how the service is being funded.

Bill Tarmey, Coronation Street's Jack Duckworth, helped to launch the service which will have rolled out in 80 stores by the end of September.

Adrian Price, clinical commercial manager at The Co-operative Pharmacy, said: "Loss of hearing affects nearly nine million people in the UK."

He added: "This new service is a great opportunity for pharmacy to demonstrate the ability to tackle serious issues hands on. The free hearing check means only patients who require further treatment are referred to hospital."

The launch follows the introduction of Healthy Heart and allergy check services by the Co-op earlier this year. **ZS**

PSNC awaiting action on white paper points

Progress on a number of key areas in the pharmacy white paper appears to have stalled where the Department of Health (DH) has failed to make contact with PSNC.

Despite making headway on some topics, a rolling report on white paper action points produced by the contract negotiator reveals that the DH has not initiated discussions on strengthening the commissioning of medicines adherence support from pharmacies.

And there had still been no "substantive discussions" on directed enhanced services, the document said. In June 2008 C+D reported that PSNC was "treading water" waiting for these negotiations to begin.

PSNC has also put forward proposals to the DH to help target MURs, the details of which are "being discussed".

However, PSNC could report the completion of several white paper action points, such as template service specifications for vascular risk assessments and chlamydia screening, and smoking cessation commissioning guidance. **ZS**

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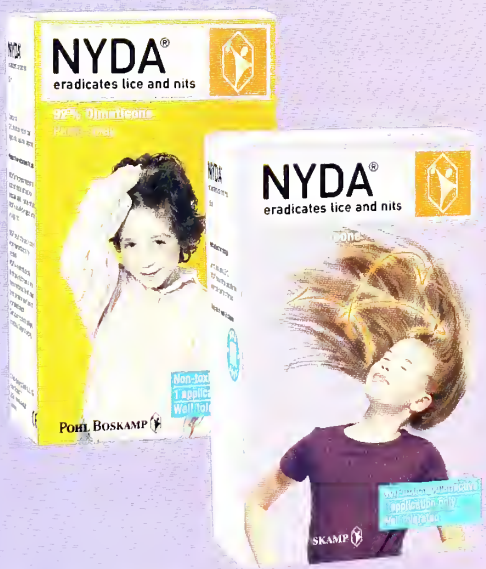

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References: 1. Oliver F.A.S. et al. High [illegible]
3. Heukelbach J. et al. A highly hazardous pediculicide [illegible]

NCSO update

The Department of Health and National Assembly for Wales have agreed to allow NCSO endorsements for the following items for August 2009 prescriptions: cimetidine 200mg, 400mg and 800mg tablets, and nizatidine 150mg capsules.

Diabetes charity call

Pharmacists could do more to help diabetes patients manage their conditions, a charity has said. The recommendation came after a survey of around 2,500 diabetes sufferers by Diabetes UK highlighted fears over possible complications caused by the condition.

www.chemistanddruggist.co.uk

Fitness to practise was 'not impaired by errors'

Grief played role in mistakes, RPSGB disciplinary hearing told

A pharmacist has been given the go-ahead to continue in practice after authorities heard he was responsible for dispensing errors while suffering from grief.

Alan Bickerton's fitness to practise was not impaired by the errors, a Royal Pharmaceutical Society conduct tribunal found.

Mr Bickerton of Wishaw, Lanarkshire, was suffering a delayed reaction to the death of his wife and mother in the nine-month period when the errors were made.

Judge John Samuel said there was no reason to doubt either Mr Bickerton's integrity or professionalism as a pharmacist.

The pharmacist supplied medicine with the wrong instructions while working at Wishaw General Hospital for periods between January 2005 and October 2005, the panel heard.

In one case, midodrine was indicated to be taken once a day when it should have been taken twice, the hearing was told.

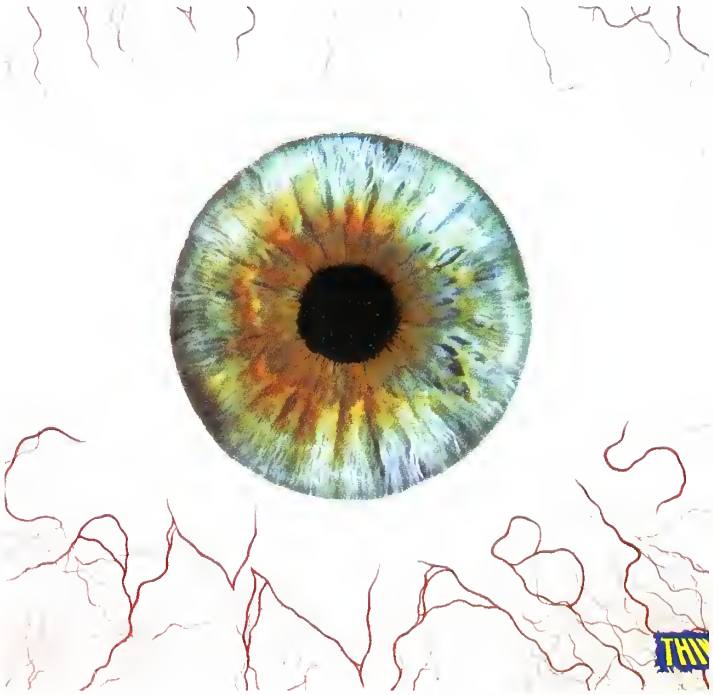
On another, clopidogrel was indicated to be taken during the evening when the prescription advised that the tablet should have been taken in the morning.

Mr Bickerton also admitted allegations which showed that one patient received a prescription telling them to take one tablet three times a day. But, when the medicine was dispensed it indicated on the bottle that he should take two tablets three times a day.

The errors were unlikely to cause serious harm, Judge Samuel ruled.

Judge Samuel said he was "impressed" with the candour Mr Bickerton had expressed in his evidence and praised him for being a conscientious and reliable witness.

Mr Bickerton, who is now on the non-practising register, must keep up to date with professional guidelines before taking up active practice. He was advised to take a return to practice course before working in community pharmacy. **UKL**



The government has launched an eye-catching campaign warning against the dangers of taking drugs and driving. The Department for Transport campaign focuses on illegal drugs but also includes POM or OTC medicines that can impair driving. The campaign recommends patients should ask pharmacists for advice on whether they are fit to drive while taking medicines. Poster adverts show the effect of drugs including cannabis (pictured), cocaine and ecstasy on the eye. See the posters and watch the TV ad at www.chemistanddruggist.co.uk/news CC

Asda lobbies against bureaucracy burden

Asda is lobbying the government against proposals for "over the top" regulation of pharmacies dealing with vulnerable patients.

The supermarket has hit out at Home Office measures designed to safeguard vulnerable people.

The scheme could mean all members of the pharmacy team having to register with a safety watchdog, the supermarket warned. The proposals would come at a cost to pharmacy operators, it added.

Asda superintendent pharmacist John Evans told C+D: "We think by all means check the pharmacist but every person in the pharmacy is probably a bit over the top. That would affect the commercial viability of the pharmacy."

Asda was due to meet with the Home Office to discuss its concerns this week. Mr Evans added: "We are trying to get the Home Office to say just the pharmacist gets checked."

The safeguarding vulnerable groups scheme will regulate individuals who work closely with vulnerable adults or children.

Under proposals, regulated individuals would need to register with the Independent Safeguarding Authority (ISA).

In a joint response to the government's consultation on the scheme in February, five leading pharmacy bodies called for pharmacists to be excluded from the scheme.

Regulation was already carried out by the RPSGB, and provided enough protection for the public, the bodies said.

Asda is training non-pharmacy staff to work in its pharmacies in the event of the absence of pharmacy colleagues. The 'Pharmacy Busters' scheme was designed as a swine flu contingency plan, Asda revealed. **JR**

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Ateronon for heart health

Cambridge Theranostics (CTL) is launching a lycopene-based dietary supplement into pharmacies.

Ateronon contains 7mg bioavailable lycopene (tomato extract) in a one-a-day capsule form.

The natural supplement is formulated to help the body absorb and benefit from lycopene, an antioxidant that can be difficult to absorb in the form found in tomatoes.

The product is a reformulation of a lycopene complex originally developed by Nestlé and refined by CTL, which claims the supplement has been shown to inhibit LDL cholesterol oxidation by up to 90 per cent after two months of daily use.

"The inhibition of LDL cholesterol helps to prevent a key step in the development and build-up of plaque in the arteries," says the company.

Preliminary trials involving around 150 heart disease patients have shown that rates of oxidation of harmful lipids in the blood can be reduced to almost zero within eight weeks, according to CTL. The capsules can be taken alongside P medicines and have no known side effects, says the company.

Price and Pip code: £35/30 capsules, 346-6786
Cambridge Theranostics
Tel: 0121 246 5115

Retail talk

Has swine flu made an impact on your sales of thermometers?

Yes 95%

No 5%

Off the shelf view:
An almost unanimous verdict this week, with 19 out of 20 pharmacies seeing a surge in thermometer sales as the public heeds advice on diagnosing swine flu.

This week's question:
Have you noticed a late flurry of holiday health sales as Brits booked a last-minute holiday abroad?
You can vote at **www.chemistanddruggist.co.uk/prodnews**

Oral B campaign adds power to brush sales

Procter & Gamble has launched a multi-million pound TV campaign this month in an effort to encourage consumers to trade up to its Oral-B rechargeable toothbrushes.

Appearing on TV screens until December, the campaign features the strapline 'The power of a dentist-clean feeling every day.'

The light-hearted advertisement opens with a woman getting out of a dental chair contentedly after having her teeth cleaned.

She picks up the dental cleaning tool and walks out of the dental surgery, stretching the cord until she reaches her front door but it doesn't stretch far enough to fit inside her home.

The voiceover says: "But imagine if you could get a dentist-clean feeling every time you brush at home." The scene cuts to her bathroom and the voiceover returns, saying: "You can, with Oral-B rechargeable toothbrushes."

Jo Buckley, Procter & Gamble's oralcare business leader, comments: "Research shows that consumers aspire to recreate that 'feeling of clean' after visiting the dentist."

The campaign will run until the end of the year in the UK and during September and December in Ireland.

Procter & Gamble HB&C
Tel: 01932 896000

Sarakan relaunch offers fresh appeal

LanesHealth is relaunching its Sarakan toothpaste and mouthwash with contemporary new green and white packaging and an improved formulation for the toothpaste.

The brand contains extract of Salvadora persica, also known as the toothbrush tree. For centuries, Salvadora, in its natural state as twigs, has been rubbed on teeth and gums for dental care.

The toothpaste is a natural blend flavoured with peppermint, clove and geranium oils to help restore the natural colour of teeth.

Suitable for vegans, the toothpaste is unsweetened and does not contain fluoride or preservatives.

The mouthwash is formulated to help fight plaque and tartar. It is also unsweetened and does not contain alcohol, fluoride or artificial colours.

Both products are suitable for adults and children.

The relaunch will be supported by consumer press advertising focusing on the story behind the active ingredient Salvadora persica.

The £18,000 campaign will run from this month until January 2010.

PR activity features Radio 2 presenter and author Janey Lee Grace promoting Sarakan toothpaste and natural living to consumers.

A counter top unit is available for pharmacies.

Prices and Pip codes:
Toothpaste £2.01/50ml, 007-7701; mouthwash £2.89/300ml, 087-6268
LanesHealth
Tel: 01452 507458

Eurax scratch card promo

Novartis Consumer Health is encouraging families to start scratching with an innovative new campaign to support Eurax.

Eurax scratch cards have been designed to communicate the 10 product indications that the brand has to offer and position the brand as a family essential for skin itching and skin irritation.

Prizes include a family holiday to Crete and family day out tickets to a selection of theme parks around the country.

Pharmacies can obtain the scratch cards and point of sale display units from the Novartis-Ceuta Healthcare salesforce, enabling consumers to pick up the free scratch cards and play in the pharmacy.

The scratch cards are also being inserted into consumer magazines during August and September and the interactive www.stopscratching.co.uk website has been developed, allowing consumers to play an online version of the card.

Novartis Consumer Health
Tel: 01403 218111

Play footsie with Lamisil

Novartis Consumer Health has introduced a new look easy-to-use website for its Lamisil athlete's foot brand.

The company has designed the site to engage with consumers in a different way to the classic functional approach of OTC medicines.

In addition to advice on athlete's foot and other minor foot ailments, the website features an interactive application that invites consumers to 'play footsie' by using one of five videos to send messages to their friends and loved ones.

"Athlete's foot is not something that all consumers feel comfortable talking about so the online channel is vital to us," a Novartis spokesperson said.

"People with athlete's foot can feel reserved and embarrassed about their feet – we have tried to capture that sense of freedom that comes when you use Lamisil Once and the fungal infection clears up."

Novartis Consumer Health
Tel: 01403 218111
www.lamisilonce.co.uk

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Compounding Solutions for Pharmacy

C+D Keynote Conference

New at The Pharmacy Show this year is the C+D Keynote Conference: expert sessions from the industry's leading figures to help you deliver the next generation of pharmacy services

In this essential two-day conference, top industry experts reveal how you can maximise your pharmacy's potential by working with GPs, PCTs and the pharma industry:

- How community pharmacy services will change in the next five years
- How to forge profitable ties with PCTs and GPs to get services commissioned
- How to comply with, and make the most of, Responsible Pharmacist regulations
- How to work in partnership with big pharma to develop profitable services
- How independent contractors can secure a successful future
- How to win business from practice-based commissioning groups
- How Lloydspharmacy is transforming its pharmacies into health centres
- How to make the new pharma supply deals work for you
- How to turn your patient data into a profitable revenue stream

Leading figures from across the sector will share their strategies for the future, while key policy makers will tell you what lies ahead for community pharmacy.

Experts will share their tactics for the issues that affect you, from commissioning to developing profitable partnerships with PCTs and GPs.

Make sure you don't miss out on this opportunity to hear the industry's top experts share their inside knowledge on developing your business – sign up today using the registration form opposite.

Conference Programme

Sunday October 11, 2009

10.45am The next generation of pharmacy contract services (Ref: SA)
Sue Sharpe, PSNC Chief Executive
- How pharmacy services will change in the next five years
- What the changes mean for your pharmacy
- What you must do to prepare for the future and gain a competitive advantage

11.30am Successful strategies for forging ties with PCTs and GPs (Ref:SB)
Jonathan Mason, NHS National Clinical Director for Pharmacy
- The impact strong relationships can have on your business
- Top tips on how to build bonds with PCTs and GPs
- Using local connections to get services commissioned
- What to do if all else fails

1pm Working in partnership with big pharma (Ref:SC)
Steve Poulton, Pfizer UK Commercial Director and Business Unit Head
- Understand the role big pharma will play in future services
- Why partnership can give you a competitive edge
- Success stories and how you can achieve their results

1.45pm Responsible Pharmacist – avoiding dangers and reaping rewards (Ref:SD)
Joy Wingfield, Nottingham University Special Professor of Pharmacy Law and Ethics
- The implications for contractors, employees and locums
- The pitfalls you must know and avoid
- How to capitalise on Responsible Pharmacist rules

2.30pm How can you adapt your business to secure your independent future? (Ref:SE)
Mike Smith, Alliance Healthcare Chairman
- The three worst mistakes an independent pharmacy can make
- The dangers the independent sector faces
- How it can overcome them

Monday October 12, 2009

10.45am The BIG DEBATE: Fixing the medicines supply chain (Ref:SF)
Jeremy Main, Alliance Healthcare Managing Director
John Turk, NPA Chief Executive
Mike Holden, Chief Executive of Hampshire and Isle of Wight LPC
Plus more speakers to be confirmed
- What are the challenges facing pharmacy, wholesalers and manufacturers?
- Who is to blame for the sector's supply chain woes?
- The solution to the problem of quotas, skimmers and reduced choice

11.30am Lloydspharmacy – transforming into a healthy living centre (Ref:SG)
Richard Smith, Lloydspharmacy Managing Director
- Why community pharmacy must change
- How Lloydspharmacy is making the transition to healthy living centres
- What Lloydspharmacy will look like in five years

2pm Get commissioned by PBC groups (Ref:SH)
James Kingsland, National Association of Primary Care Chairman
- How PBC works and why you cannot afford to miss out
- How to get your foot in the PBC door and build a sustainable link
- The secrets of a successful PBC approach

3pm Using patient data to create profitable revenue streams (Ref:SI)
(Speaker TBC)
- The importance of data to healthcare
- How GPs are using data to deliver targeted services
- How pharmacy can use patient data to provide profitable patient-centred services

Book your place now using the registration form opposite

Topics and times are subject to change.

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- ❑ **7D** Dispensary Assistant
- ❑ **7E** Hospital Pharmacist
- ❑ **7F** Industrial Pharmacist
- ❑ **7G** Locum Pharmacist
- ❑ **7H** Medicines Counter Assistant
- ❑ **7I** NHS Manager
- ❑ **7J** Other non-healthcare professional
- ❑ **7K** PCT/PCO Lead
- ❑ **7L** Pharmacy Manager
- ❑ **7M** Pharmacy Owner
- ❑ **7N** Pharmacy Technician
- ❑ **7O** Pre-reg Pharmacist
- ❑ **7P** Superintendent
- ❑ **7Q** Other healthcare professional

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- ❑ **5A** Independent pharmacy with less than 3 outlets
- ❑ **5B** Independent pharmacy group with 3–10 outlets
- ❑ **5C** Independent pharmacy group with more than 10 outlets
- ❑ **5D** A multiple pharmacy chain
- ❑ **5E** A hospital pharmacy
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- ❑ **SC** Working in partnership with big pharma
- ❑ **SD** Responsible Pharmacist – avoiding dangers and reaping rewards
- ❑ **SE** How can you adapt your business to secure your independent future?
- ❑ **SF** The BIG DEBATE: Fixing the medicines supply chain
- ❑ **SG** Lloydspharmacy – transforming into a healthy living centre
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I'm not backward at looking forward

> PHARMACISTS OF THE FUTURE WOULD GET THE IMPRESSION OF A SECTOR AT ODDS WITH ITSELF

Flicking through the pages of the first few editions of Chemist & Druggist, which date back 150 years, provides a fascinating insight into life as an apothecary in Victorian times (C+D, August 15, p30). And the untrained eye might need to travel this far back in time to see some obvious differences in pharmacy practice over time.

Fast forward 150 years and I wonder how the pharmacists of 2159 would perceive the state of today's pharmacy practice if they read C+D, August 15, 2009?

Pharmacists of the future would certainly get the impression of a sector at odds with itself. It's plain to see the various factions arguing over the fundamentals – the PDA and the multiples disagreeing over the new responsible pharmacist legislation (p7), and the RPSGB trying to clamp down on the homeopaths (p6), for example.

The future pharmacists would also see today's scientists struggling to keep up with the threats posed by modern disease, such as pandemic flu (p6). Hopefully, journalists won't still be taking the mickey out of the profession by 2159 (p6), having recognised it as valuable and worthy only of praise. And who knows if the government of 2156 will have rewarded pharmacists' hard work with a significantly improved remuneration package (p7).

Drug abuse is probably as much of a problem in 2009 (p9) as it was in 1859, even if the drug of choice has changed from opium to crystal meth. Is it unrealistic to hope that drugs will be any less of a problem in 2159?

But even viewed through the mists of time, I still think it unlikely that future pharmacists will get an accurate picture of the average 2009 pharmacist's working day. Reading C+D's Update article (p19), for example, would make them think that today's community pharmacist had an important clinical role, with our significant input into patient care widely recognised and appreciated. While we have a role that is valued by our patients, sometimes you wonder if the wider NHS notices.

I don't think many future pharmacists would guess that the average pharmacist today spends most of their time dispensing huge volumes of prescriptions, sometimes under horrendous pressure, stopping only to deal with phone queries, offer advice on treating minor ailments, and to occasionally sip a cold coffee.

When you look it at like that, it sounds like we haven't moved on from the Victorian pharmacist and his leeches and whale oil. But while we have our problems, community pharmacy should also be proud of its achievements.

From prescribing rights to recognition in our communities as the first port of call for health advice, we've come a long way in 150 years. How different it will be for the class of 2159 however, is anyone's guess.

Manufacturers must share stock problem

Community pharmacy is accustomed to challenges. Whether it's swine flu, dispensing doctors, or the vagaries of PCT commissioning, challenges are a part of professional life. But there are some core parts of pharmacy practice that should not present a challenge. Nothing can be closer to the heart of pharmacy than supplying medicines to patients.

And yet obtaining supplies has become a daily challenge. Our evidence base tells us that it is increasingly common for community pharmacies to be spending an hour or more a day sourcing medicines for their patients – time that is not budgeted for.

Manufacturers have accused some in pharmacy of causing the problem by exporting products to take advantage of the relative weakness of the pound. There is nothing illegal in this practice, and of course the UK has benefited for many years from the opposite flow of parallel imports. These are market forces at work.

But market forces cannot always be reconciled with the best interests of UK patients. If exporting stock of a medicine means pharmacies here cannot obtain that medicine for their patients, something is wrong. Pharmacy's role, and the public support and recognition it holds, is based on excellent patient care and good service. That must come before commercial opportunism, and pharmacy businesses must act accordingly.

For every contractor that profits from exporting, there are many others working around the clock to ensure that patient care is not compromised. Pharmacists across the country are spending hours on the phone chasing manufacturers and wholesalers, and waiting late for one-off deliveries after closing.

But pharmacists cannot solve the problem alone. Contractors and manufacturers are bound by a shared responsibility to meet patients' needs, and must work together if supply issues are to be resolved. Manufacturers can do much to aid pharmacists in getting scarce drugs to patients. While quota systems may be intended to deter the export of much-needed medicines, in many cases they are making the problem worse. Inflexibility in drug supplies, enforced by quotas and exacerbated by DTP schemes, leaves pharmacists with little room for manoeuvre. We have been encouraging manufacturers to make quotas more flexible, and where necessary make backup stocks available.

PSNC is committed to continuing to work with manufacturers and wholesalers to reduce shortages. Open dialogue and co-operation will be invaluable in achieving this aim.

Sue Sharpe is chief executive of PSNC

> OBTAINING SUPPLIES OF MEDICINES HAS BECOME A DAILY CHALLENGE

Letters

Antiviral distribution – a professional approach

I can't believe some of the comments around Tamiflu distribution (C+D, July 25, p14). I know that Bristol wasn't – until recently – considered a 'hot spot' for swine flu, but I'm wondering if I live in a different country!

Firstly, I must disagree with Xrayser as to whether pharmacy should be involved in the distribution of Tamiflu – of course we must. How can pharmacy not be involved in the national distribution of medication? What message would that give to the DH about pharmacy and future roles?

It is essential for Tamiflu and other antivirals to be distributed like any other medicine, so that we can prove the added value of pharmacy – to support and advise the public.

If pharmacies are indeed being overwhelmed with workload then that is an issue for the emergency planners who are directing patients to large, busy central pharmacies, instead of an even spread to contractors with more capacity.

> PATIENTS ARE CONCERNED... BUT NONE OF THEM ARE PANICKING

The experience in our business is:

patients are concerned, and seeking information and advice both by telephone and in person, but none of them have been panicking. Indeed, some have telephoned to ask whether they really need to 'cash in' their URN given by the treatment line, and have shown common sense and responsibility.

the PCT has emailed or faxed regular updates (once or twice a week) keeping us informed of the situation and distribution methods. There have also been two evening communication meetings, which have been well attended by GPs and nurses but, despite direct invites, only two or three pharmacists have attended.

only 1 per cent of patients have attended to collect (and let's remember that recent epidemiological results suggest that only 5 to 10 per cent of people with symptoms actually have swine flu...).

the URN has worked very well, and it takes 90 seconds to type in the URN and the name and address of the 'Flu Friend'.

the PCT accepts any form of voucher, so faxed scripts don't need to be reconciled or received (we're telling the surgeries to fax the script and then shred it).

friends/relatives and patients greatly value the chance to discuss their queries at the pharmacy.

the PCT appreciates the work we're doing (but are paying us a pittance – £400 retainer, and 90p per item!).

it is so easy to get Tamiflu that it has no street value, so no value for criminal gangs attacking distribution points (supply and demand).

The most important message to project is that pharmacy is up to the job. Keep communicating with the PCT (which has figures for antiviral supply so can address excess demand), and use professional judgement and initiative to deal with the problems!

Chris Howland-Harris MRPharmS
Ashgrove Pharmacy, Bristol

Web comments of the week

Multiples reject moves to delay RP regulations

"How odd that the companies with the most to gain from the new RP regs don't want them held up.

With one change in regs any problems at branch level become the responsibility of the locum/manager to sort.

I saw this the moment the RP paperwork came out. Pharmacists could find themselves held responsible for company policy they cannot change at branch level." **Chris Morris**

"There's no surprise that the multiples think this legislation is wonderful! Everything to gain, nothing to lose. As a proprietor pharmacist, my first reaction was to wonder 'why bother'?" **Gina Moreland**

Cat M helped save NHS £47m, government figures show

"The follow up I would like to see is where this money saved has gone." **TCO**

Hotspots for first CPD check-ups revealed

"That's unfair; why should there be hotspots? It should be on a random basis! Are they saying that pharmacists in these areas are not doing the CPD?" **pill pusher2**

CONTACT US

Please email us with your letters including your name, address and contact number to: **haveyoursay@cmpmedica.com**

Or write to the Editor at: **C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE.**
Letters may be edited for content and length

Features

Update

Your weekly CPD revision guide Module 1491

Breast cancer: the risks and symptoms

With women facing a one in nine lifetime risk for this disease, C+D examines the risks and screening techniques available

60-second summary

Which lifestyle factors affect the risk?

The main risk factors are being female and getting older. A daily unit of alcohol increases the risk by 6-7 per cent, although in young women this increase is negligible. There is also an established link with obesity and diets high in saturated fat.

What about genetics?

A woman with an affected first degree relative has a doubled risk of breast cancer. But genetics may not be as important as often believed – more than 85 per cent of women who have a close relative with breast cancer do not develop the disease, while more than 85 per cent of women with the disease have no family history of it.

This article (Module 1491) can help in the following CPD competencies: G1a, G1d, G1q.
See http://tinyurl.com/68ox7b

Nicola O'Connell

Despite the fact that it rarely affects men, breast cancer remains the most common cancer in the UK and Cancer Research figures show that incidence rates have increased by more than 50 per cent over the past 25 years. In 2005 there were 45,947 new cases diagnosed in the UK, with 99 per cent in women and less than 1 per cent in men. The lifetime risk of being diagnosed with breast cancer in women is now one in nine.

Dr Emma Pennery, clinical director, Breast Cancer Care, says: "Incidence of breast cancer has been going up year on year for some years now, and while this is partly attributable to the screening programme and lifestyle – such as rising obesity levels and having children later in life – the biggest single factor is that we are living longer."

Breast cancer is considered an older women's disease – and indeed 80 per cent of cases occur in women over 50 – but it is nevertheless the most commonly diagnosed cancer in women under 35. In the 35 to 39-year-old age group, almost 1,500 women are diagnosed each year, according to Cancer Research UK.

Thus, gender and age are the most important risk factors. Women have more breast cells than men, and consistent exposure to female hormones promotes their growth. Early menarche and late menopause can increase risk because of longer oestrogen exposure. Having few or no children, or having children after the age of 30 also increases the risk. Relative risk for premenopausal breast cancer is reduced by about 7 per cent for each year that menarche is delayed after age 12 , and by 3 per cent for postmenopausal breast cancer.[1] Similarly, for each year menopause is delayed, there is an estimated 3 per cent increase in risk.[2]

Because of conflicting reports, the link between oral contraceptives and breast cancer has not been clear, but it has now been shown that a woman has a slight increase in developing breast cancer while she is taking the pill. However, the risk reduces after usage and 10 years after stopping there is no significant excess risk.[2]

The risk associated with hormone replacement therapy (HRT), however, appears to be significantly stronger – particularly with oestrogen and progesterone combinations. The longer women take HRT, the higher the risk. For women who have used it for at least five years (average 11 years) the risk increase is 35 per cent.[2]

Genetic factors also play a role, but are not as critical as often perceived. More than 85 per cent of women who have a close relative with breast cancer do not develop the illness and more than 85 per cent of women with breast cancer have no family history of the disease.[3] Overall, if a woman has one affected first degree relative, then she has about double the risk of breast cancer of a woman with no family history of the disease.

In 1994, two main breast cancer genes were identified: BRCA1 on chromosome 17 and BRCA2 on chromosome 13. Women with these genes have a 50 to 80 per cent chance of getting breast cancer in their lifetime, according to Cancer Research UK. Subsequently TP53 and PTEN were also identified as significantly increasing a woman's risk of developing breast cancer. Genes CASP8, FGFR2, TNRCP, MAP3K1 and LSP1 have been found to slightly increase the risk.

Diet and alcohol

Despite the constant speculation about an array of additional risk factors, in reality few are modifiable; alcohol consumption and being overweight are the only two established risk factors. However, just how much alcohol raises the risk has been widely debated. A recent study showed that even low to moderate alcohol consumption among women is associated with a statistically significant increase in cancer risk (including breast, liver and rectum).[4]

The association of alcohol consumption and cancer incidence was investigated in the Million Women Study, which included 1,280,296 middle-aged women in the UK. Women who drank alcohol consumed, on average, one drink per day, with few consuming three or more drinks per day. The risk of cancer increased with increasing alcohol consumption.

"A number of studies suggest that for each unit of alcohol you have per day, it increases your risk of breast cancer by around 6 to 7 per cent," says Dr Pennery. "But a healthy woman in her late 20s has only a one in 1,900 chance of developing breast cancer, so 7 per cent increase only changes that to 1.07 in 1,900. Being female and growing older are hugely more significant risk factors than having that one drink per day."

Numerous suggestions have been made linking diet to breast cancer, but much of the evidence is weak. However, as Dr Pennery says, there is an established link with high-fat diets.

"High-fat diets have been accepted to show an increase in the risk of getting breast cancer, but it's difficult to know whether it's the high fat itself or whether it's due to being overweight, as those with high-fat diets are more likely to be overweight. The strong evidence has only been found with saturated fats."

Overweight and obesity moderately increases the risk of postmenopausal breast cancer. In 2007 the UK Million Women study reported a similar risk increase of 29 per cent for women with a body mass index (BMI) of 30 or higher, compared with a BMI of 22.5-24.9.[5] Not being overweight and exercising regularly can help to reduce overall risk.

Increased breast density, ie the density of ductal tissue as opposed to fat, can increase risk. In 2006, research published in the Journal of the National Cancer Institute suggested that breast density is nearly as important as age in determining a woman's risk of developing breast cancer.[6]

"Although breast cancer is harder to detect in women with dense breasts, our research showed that women with dense breasts are more likely to develop breast cancer," William E Barlow, the study's lead author, commented at the time of publication. After adjustment for age, the risk for breast cancer was almost four times greater for women with extremely dense breasts than for a woman with breasts that are almost entirely fat.

"The evidence for breast density is very clear. Dozens of trials have shown its importance, yet it's largely been ignored," comments Professor Jack Cuzick, Cancer Research UK breast cancer specialist.

Symptoms

Self-examination is encouraged to help women identify lumps. However, a meta-analysis has demonstrated that while self-examination is associated with considerably more women seeking medical advice and having biopsies, it is not an effective method of reducing breast cancer mortality.[7] Indeed, finding a lump in the breast can be alarming for women, but only about one in eight lumps is malignant.

"Symptoms of breast cancer are usually changes that women begin to notice, but if, for example, a woman has a small lump in a large breast she may not notice it," says Dr Pennery. "Our message is to report if anything changes or anything is abnormal. Symptoms are very localised to the breast and women do not feel unwell."

The main symptoms include the following, although women should be advised that these symptoms do not necessarily mean breast cancer.

- Lump: a hard lump that is not usually mobile and increases in size over time
- Thickening: tissue that feels different from the rest of the breast tissue
- Change in size: one breast may have become larger or lower
- Change in the skin of the breast: dimpling, puckering or swelling of the skin
- Nipple change: the nipple becomes inverted or retracted
- Rash on or around the nipple
- Swelling and inflammation of the breast
- Swelling around the armpit or axilla
- Nipple discharge: abnormal nipple discharge leaks spontaneously. Sometimes (but rarely) the discharge can be bloody in colour
- Breast pain: this may be in one part of the breast or the armpit (although this is rarely a symptom).

Screening and diagnosis

The NHS Breast Screening Programme, which provides free breast screening every three years for all women in the UK aged 50 to 70, screens approximately 1.5 million in the UK each year. From this year women in their late 40s and up to the age of 73 are now also being invited (although it will most likely be a few years before this is available throughout the UK). The NHS claims that the screening programme detects more than 14,000 cancers and saves around 1,400 lives every year in England.

In 2007-08, there were 14,110 cases of cancer diagnosed in women screened aged 45 and over – an increase of 5 per cent over the previous year (13,443) and double the number in 1997-98 (6,914).[8]

However, following a recent British Medical Journal article, there has been growing concern that large numbers of women have unnecessary treatment as a result of screening. The analysis by the Nordic Cochrane Centre concludes that if 2,000 women are screened regularly for 10 years, one will avoid dying from breast cancer. But, at the same time, 10 healthy women will be treated unnecessarily and 200 healthy women will have a false alarm.[9] The Nordic Cochrane Centre team says that women are not being warned of the risks associated with routine breast cancer screening.

Arguably, screening does have limitations. Although mammography is considered the most reliable way of detecting breast cancer early, it does not detect all cancers – another reason why it is critical that all women report any changes or abnormalities. Ultrasound is also used as a first step in diagnosis, with needle (core) biopsy, fine needle aspiration, blood tests or excision biopsy then used to confirm diagnosis.

Staging

On diagnosis breast cancer is divided into four stages:

Stage one: The tumour is 2cm or less and the cancer has not spread elsewhere

Stage two: The tumour is less than 5cm, or the lymph nodes in the armpit are affected (or both)

Stage three: The tumour exceeds 5cm but there are no signs that the cancer has spread beyond the breast or the lymph glands in the armpit

Stage four: The cancer is secondary or metastatic. The tumour is any size.

Although prognosis for stages one and two is significantly better than stages three or four, breast cancer survival rates continue to rise considerably. With current treatments, eight out of 10 breast cancer patients now survive beyond five years, compared with five out of 10 in the 1970s.

Nicola O'Connell is a healthcare/medical writer who has written widely on women's health.

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test online. See p23 for details.

Further information:

- Breast Cancer Care: http://www.breastcancercare.org.uk (for support and information)
- Cancer Research UK: http://www.cancerresearchuk.org

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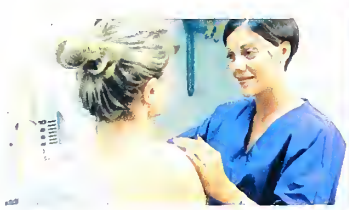


NEXT WEEK'S UPDATE
The second article on breast cancer will look at current treatments

Breast cancer: the risks and symptoms

Reflect

Which lifestyle factors can influence the risk of breast cancer? What are the symptoms of breast cancer? How is a stage three breast tumour defined?

Plan

This article describes the risk factors associated with breast cancer, including information about genetic as well as lifestyle factors. It also discusses symptoms, screening and diagnosis.

Act

Find out more about the risk factors for breast cancer from the Cancer Research UK website, http://tinyurl.com/lpzxtk

Update your knowledge of breast awareness and the NHS screening system from the Breast Cancer Care website, http://tinyurl.com/nwqvyx

Read the section on diagnosis on the Breast Cancer Care website http://tinyurl.com/l8jtkg, which contains information about primary, secondary and recurrent cancer as well as some benign conditions.

Read more about men and breast cancer on the Breast Cancer Care website http://tinyurl.com/ku4y7j

More information about the number staging system and TNM staging of breast cancer tumours can be found on the Cancerhelp website http://tinyurl.com/nock2x and http://tinyurl.com/lefkbx

Evaluate

Do you know as much as you need to about risk factors for breast cancer? Are you familiar with the symptoms of breast cancer and could you give advice on breast awareness?

5 minute test
What have you learned?

Test yourself in three easy steps:

Step 1

Register for Update 2009 and receive a unique PIN number

Step 2

Access the 5 Minute Test questions on the C+D website at **www.chemistanddruggist.co.uk/mycpd**

Step 3

Use your PIN to complete the assessment online or phone through your answers. Your test score will be recorded. If you successfully complete the 5 Minute Test online, you will also be able to download a CPD log sheet that helps you complete your CPD entry at uptodate.org.uk

Registering for Update 2009 costs £32.50 (inc VAT) and can be done easily at www.chemistanddruggist.co.uk/update or by calling 01732 377269. Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

Get a CPD log sheet for your portfolio when you successfully complete the 5 Minute Test online

Practical Approach

Communication skills

"I'd like to test your communication skills and, at the same time, resolve a concern I have about a 73-year-old patient," says David Spencer, pharmacist at the Update Pharmacy, to his new pre-registration pharmacist trainee, Manu.

"Among her other medications, which I've no worries about, she has betamethasone cream 0.1 per cent, bd, 100g and aqueous cream, prn, 500g. I've noticed she's been getting repeats of the betamethasone every couple of weeks but doesn't seem to have used any aqueous cream for months. I've persuaded her to come in for an MUR, which I want you to carry out while I supervise, and I particularly want you to check up on that."

The patient comes in and, when the review gets to the topical medications, Manu asks: "How do you use your betamethasone cream?"

"Just as it says on the label, 'Sparingly twice a day'," the patient replies.

"And what do you think 'sparingly' means?"

"Nice and thick, doesn't it?"

"And the aqueous cream? What about that?"

"Again I follow the instructions on the label – 'use when required' – and it's never required because the betamethasone has stopped the itching and keeps my skin in perfect condition."

Questions

1. What needs to be done to correct the patient's misuse of these medications?
2. What style of questions did Manu use in the scenario? What other styles are there and what are their relative uses, merits or drawbacks in MUR interviews?
3. What are the barriers to effective communication in MUR interviews?
4. What are the basic rules for conducting MURs effectively?

Answers

1. Correct her misconception of the meaning of 'sparingly'. Explain how the preparations should be used: aqueous cream, liberally and as frequently as required; betamethasone cream, only if aqueous cream is ineffective. Have prescription directions for betamethasone amended to 'twice daily, only if required'. Check that directions for use were reinforced verbally to the patient when the medication was dispensed the first time; if not, check why and amend procedures to ensure it is always done in future.

2. 'Open', which allows patients to explain their medicines usage in their own terms and, in this case, allowed the patient's misconception to be revealed. The other style is 'closed', requiring 'yes' or 'no' or other short answers, and is useful for confirming basic information. A third style is 'leading', which invites an expected answer and is usually best avoided.

3. Communicating too much information for a patient to absorb, providing information too quickly to absorb; use of technical jargon; language – a patient whose first language is not English may have difficulty understanding; background noise and distractions – the consultation area should be out of sight and earshot of others.

4. Prepare in advance; keep messages clear and concise; check that patients understand what you have told them by getting them to repeat it back to you; be aware of the importance and value of non-verbal communication; be prepared to negotiate with patients to achieve concordance.

This article can help with these CPD competencies:
G2c, G2d, G6f, G6g, G6h, G6m, G6p
See http://tinyurl.com/68ox7b

To see the full archive of Practical Approach articles go to **www.chemistanddruggist.co.uk/practicalapproach**

GETTING under the skin OF YOUR CUSTOMERS

Britons are big fans of their skincare products. The UK skincare market has been growing steadily in recent years – in 2007 alone it grew by 14.8 per cent to reach an estimated value of £1.4 billion. By 2012 it is expected to have grown by a further 24 per cent to £1.7bn, and sales in the UK account for 15 per cent of the European market, according to analyst Datamonitor.

With the explosion of the male grooming market – a 186 per cent increase was reported between 2002 and 2007 – another potential avenue of skincare sales has opened in a market traditionally the preserve of the female.

Skincare is, however, an area of retail that is fairly dominated by the supermarkets, which hold around 48 per cent of the market value.

But community pharmacy is also key and can offer a large amount of added value, especially when it comes to specialist areas such as dry skin and acne.

Projections suggest that by 2012 there will be 270 million skincare product items sold annually in the UK, suggesting that pharmacists not already working to boost that side of their business need to start thinking seriously about how they could work the growth to their advantage.

Last year L'Oreal, a leading skincare brand, joined forces with Boots to offer free skincare consultations related to its specialist Vichy and La Roche-Posay brands. And Lloydspharmacy agrees that pharmacy businesses need to be thinking carefully about these types of specialist services to stand out from the supermarkets.

"Pharmacists have the clinical expertise to provide advice on minor ailments, including skin conditions," says Pauline Granville, interim senior category development manager for toiletries and beauty at Lloydspharmacy. "A point of differentiation for pharmacy over other retailers, including some supermarkets, is that customers can take advantage of a private consultation with a pharmacist to discuss conditions and the most appropriate treatment," she adds.

Lloydspharmacy is in the process of shifting the focus of its skincare business on to 'benefit-led' products, which Ms Granville says go hand in hand with the professional advice that can be offered in the pharmacy.

"The provision of products to suit different skin conditions, as well as satisfying the demand for the ageing population, will be the focus of our future range planning," she says.

In terms of the products pharmacists may want

Eurax...

A medicine
10 different

The days are getting shorter and the weather is starting to turn... the end of summer is upon us. But while the arrival of autumn means an end to summer skin ailments, such as sunburn and heat rash, it's important not to forget individuals who suffer from skin problems all year round.

Ailments such as eczema and dermatitis don't fade with the summer sun and have a strong genetic component,[1] so are likely to affect more than one person in a family.

But there's one product range that can be recommended with confidence for children and adults alike: Eurax is the only OTC product to contain crotamiton and provides up to 10 hours' relief of the itch and irritation associated with 10 different skin ailments.

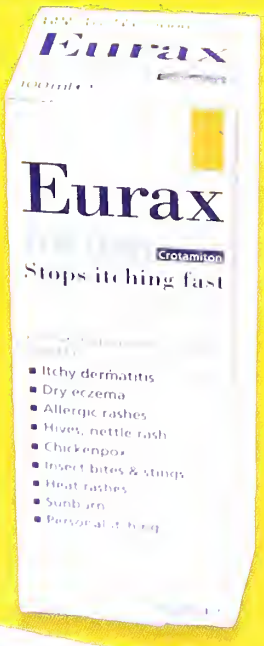
Available worldwide for over 60 years, Eurax is a tried and trusted brand and is the number one product in the anti-itch category.[2]

Your guide to year-round skin conditions:

Atopic eczema is thought to affect around 15-20% of children and 2-10% of adults in the UK.[3] It is more common in those who suffer with other atopic conditions (asthma, hayfever). It often affects the folds of the skin, such as the inside of the elbows and the backs of the knees, but any part of the body may be affected. The skin is usually dry, red and itchy, and if scratched can lead to bleeding, inflamed and weeping skin that is prone to infection.

The skin becomes inflamed due to the individual coming into contact with something they are sensitive to (an allergen). In acute cases, the reaction may be quite mild (skin redness that rapidly resolves) or may be severe (the skin appears burnt and blistered). If the skin continues to be exposed to the allergen, the skin may appear dry and inflamed, and become thickened over time. In both acute and chronic cases, the skin is usually itchy for a prolonged period of time.

An allergic rash occurs when an individual comes into contact with something they are hypersensitive to. A red, itchy rash initially appears where the skin has been in direct contact with the substance, but it may spread, making it difficult to distinguish from other skin conditions such as eczema.



Why recommend Eurax?

Effective – crotamiton gets to work quickly and effectively

Long-lasting – offers relief for up to 10 hours

Essential – Eurax can be used to treat the itch and irritation caused by 10 different skin ailments

Tested – available worldwide for over 60 years

Trusted – the number one anti-itch product[1]

Kind – soothes itching while keeping the skin moisturised

Cost-effective – suitable for the whole family and priced at £3.55 for 30g, £6.19 for 100g, and £4.69 for 100ml.

For further information contact Novartis Consumer Health: 01403 218111

cabinet essential for skin irritations

Chicken pox is a mild, but highly infectious, viral disease. The first sign of the condition is a mild fever, sore throat, tiredness and achiness, then a day or so later the distinctive rash appears, first on the trunk, then spreading to the scalp, face and neck (the arms and legs are often spared). The spots tend to be flat, red and intensely itchy, which blister after a day or so, before possibly crusting over and eventually drying up. A fresh crop of spots appears every three to five days, and sufferers are infectious from up to three weeks before the symptoms start until up to a week after the last spot has dried up.

Personal itching may be caused by external irritants such as chemicals (for example, detergents used to wash clothes, or nickel used in piercings). The itching is usually uncomfortable and may last for longer than would be expected. Consult a doctor or pharmacist before using if suffering from genital itching

Reddish itchy weals or swellings appear on the skin, similar to those that occur following contact with stinging nettles. In about 90 per cent of cases there is no apparent cause, and individuals with atopic conditions (asthma, eczema or hayfever) are more prone. The rash usually lasts for around two to three hours and is intensely itchy. It may disappear only to return in a different place on the body later on.

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3. http://www.cks.nhs.uk/eczema_atopic/background_information/prevalence

EURAX® CREAM / EURAX® LOTION

Presentations: Cream or Lotion containing crotamiton BP 10% w/w. **Indications:** Relief of itching and skin irritation due to e.g. sunburn, dry eczema, itchy dermatitis, allergic rashes, hives, nettle rash, chickenpox, insect bites and stings, heat rashes and personal itching. Also used as a treatment for scabies (acaricide). **Dosage and Administration: Pruritus: Adults, the elderly and children:** Apply to affected skin 2-3 times daily for relief from irritation for 6-10 hours after each application. **As an acaricide:** Contact Novartis Consumer Health. **Contra-Indications:** Acute exudative dermatoses. Hypersensitivity to ingredients. Avoid use in or around the eyes. **Precautions:** For external use only. Do not use on broken skin or for weeping skin conditions. Consult doctor before use on children under 3 years. Consult a doctor or pharmacist before using if pregnant or breast feeding or suffering from genital itching. Nursing mothers should avoid use in the nipples area. If symptoms persist consult a doctor. Keep all medicines out of reach of children. **Side Effects:** Discontinue use if occasional skin irritation or contact allergy occur. **Legal Category:** GSL. **Trade Price and Suggested Retail Price:** Cream: 30g - £2.26, £3.55, 100g - £3.95, £6.19; Lotion: 100ml - £2.99, £4.69. **Product Licence Nos:** Cream: PL 0030/0092, **Lotion:** PL 0030/0095. **Product Licence holder:** Novartis Consumer Health, Horsham, RH12 5AB, UK. **Date of Preparation:** July 2008.

in association with

Eurax

One Solution

for 10 different skin irritations

2009

The UK skincare market

The value*
£1,492 million

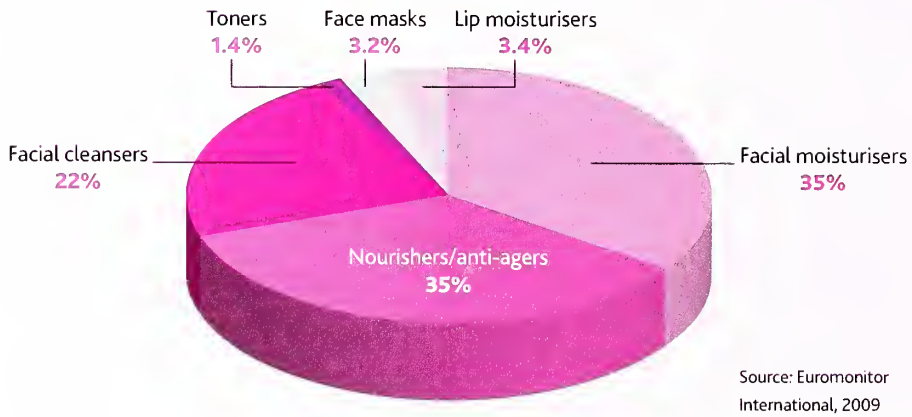
The growth forecast 2007-2012
24.4% to £1.7bn

Key sub-category: Facial skincare
59.8% Market share by value

Source: Datamonitor, December 2008
* Estimated 2009 value

Facial skincare

Sub-category market shares



Source: Euromonitor International, 2009

to consider stocking, it is worth looking at the breakdown of skincare sales.

The basic figures cover everything from depilatories to suncare products, but within that, facial skincare is the main driver of sales, accounting for almost 60 per cent of the market, according to analyst Euromonitor.

An important part of that market for pharmacy is problem skin – which includes both sensitive skin requiring special hypoallergenic products, and skin conditions such as acne.

Matthew Jamieson, brand manager for Oxy, the skincare range aimed at males with acne problems, says pharmacy is vital to them. "A good pharmacy will build strong relationships with its customers, often through generations of families," he says, "and this means customers look to the pharmacy for professional advice in which they can have confidence.

"In the problem skin area in particular, people may be embarrassed about the condition and we know that young men are notoriously reluctant to go to the doctor."

Mr Jamieson advises that at least some members of pharmacy staff are trained in the sector and are familiar with the products so they are able to provide 'in-house' expert advice. "It is very important that the subject of problem skin is treated sympathetically but professionally and to remember that, in the case of teenage boys and young men in particular, it is unlikely to be the spot sufferer himself who buys the product, but his mother or girlfriend," he says.

"Sales can be boosted by pointing out the advantages of establishing a skincare routine, not just using one product but keeping in mind the fact that you need to use daily products to maintain healthy skin – and have in reserve emergency products for zits which do arise, along with the medicated products for more persistent outbreaks.

"Pharmacists are very well placed to give advice, especially for problem skin, because they understand how and why skin problems can arise and are able to spend a little time talking to customers and offering a professional, personal and sympathetic service."

So what additional services could pharmacy provide? The aforementioned skincare consultation is one option, but the pharmacy team could also put together factsheets to debunk myths about conditions such as acne, for example.

Dry skin is another area where pharmacists have the advantage of being able to give professional advice. According to market analyst IRI, in 2008 the UK dry skin treatment market was worth £69.4 million and had risen 17 per cent in the past year.

Unlike general skincare, this is an area of the market where pharmacy makes a substantial dent, claiming around two-thirds of sales. This is backed up by figures from GSK showing that skin flare-up of eczema and dermatitis is a market worth £13.3m to pharmacies – and that excludes Boots and Superdrug.

But there is further room for improvement as, historically, the eczema and dermatitis OTC market has been underdeveloped and poorly supported, says GSK – and dealing with outbreaks of eczema is the sort of expert, tailored service where pharmacy can make a real difference to patients.

Dr Steve Hewitt, a skincare expert at E45 (the best seller in the dry skin area, according to IRI), says pharmacists can talk through lifestyle factors that may be making someone's condition worse and offer patient-specific advice.

"Pharmacists are very well placed to talk about lifestyle influences on eczema – trigger factors in the house such as excessive dryness, dust mites, biological washing powders, food triggers as well as use of unfragranced hypoallergenic products," he says.

"Perhaps most important is the avoidance of detergent shampoos, bubble baths and soaps, which damage the skin barrier."

Emollient washes are the key, Dr Hewitt adds, and he points out that Nice actually recommends that: "Every child patient should be provided with an emollient wash product."

The reason people choose to buy skincare – and other products – from pharmacies is the advice and information they receive, says Joanna Dee, pharmacy channel manager at P&G. But pharmacies must ensure they are making it easy for customers, she warns. "Ensure big brands and specialist products are available and that the store's layout is easy to shop.

"Make sure promotions are highlighted and use point of sale to create 'theatre' to drive impulse sales."

Ms Dee concludes: "If pharmacies follow these principles then they can create a competitive edge for themselves."

Top 10 dry skin sellers

1. E45 range
2. Eurax range
3. Vaseline Moisture Locking Lotion
4. Own label
5. Hc45
6. Eumovate range
7. Lanacane
8. Canesten hydrocortisone
9. Oilatum Junior range
10. Eucerin 10 per cent urea range

Source: IRI, HBA outlets, 52 weeks to July 12, 2008

60M - 200FT

H

36M - 120FT

ELPS

24M - 80FT

REDUCE

18M - 60FT

THE APPEARANCE

12M - 40FT

OF SCARS AND STRETCH MARKS

Bio-Oil® is clinically assessed to help improve the appearance of old and new scars and is suitable for all scar types, including striae. It contains the breakthrough ingredient PurCellin Oil™, natural plant oils and vitamins A and E. Bio-Oil should be applied twice daily for a minimum of three months. It is available at pharmacies from £8.95. bio-oil.com

Results of clinical trials: Photobiology Laboratory MEDUNSA 2006 1. Appearance of Scars: 65% improvement in appearance observed at 4 weeks (panellists: 24 Caucasians age 18–60, comprising 22 females & 2 males) 2. Appearance of Stretch Marks: 50% improvement in appearance observed at 8 weeks (panellists: 20 Caucasian women age 18–55) 3. Appearance of Uneven Skin Tone: 93% improvement in appearance observed at 6 weeks (panellists: 30 women age 18–55, comprising 15 Caucasian & 15 Negroid). All trials were observed by an independent expert clinician. They were single-blind & randomised with intra-subject comparison under controlled conditions.

UNION-SWISS | SUCCESSFULLY TREATING SKIN SINCE 1954

Product news

Canesten kicks summer fungal infections

Warm summer weather can cause irritating skin conditions such as athlete's foot and other fungal infections caused by trapped perspiration, but Canesten has two market-leading products to tackle them.

Canesten Hydrocortisone is the number one antifungal and hydrocortisone product, according to IRI data, and can be applied directly to inflamed skin to relieve sweat rash.

Canesten AF is an antifungal and antibacterial athlete's foot treatment, with the 15g unit the biggest selling cream in the summer months.

Price: £3.71/15g Canesten AF Dual Action, 230-0499; £5.33/15g Canesten Hydrocortisone, 239-1449
Ceuta Healthcare; tel: 01202 449558

GSK set to reveal Eumovate and Eumocream support

GSK will shortly reveal plans to support two of its skin flare-up treatments, Eumovate and Eumocream, in conjunction with marketing experts Ceuta Healthcare.

Eumovate Eczema and Dermatitis Cream contains a moderately potent corticosteroid for short-term treatment and control of localised patches of eczema and dermatitis.

Eumocream is a non-steroidal emollient for ongoing treatment of skin prone to eczema and dermatitis.

Price: £5.86/15g Eumovate, 281-9142;
£4.00/30g Eumocream, 292-1013;
£6.55/100g Eumocream, 292-1021

Mousse addition

The eczema mousse is a new non-steroidal product for the treatment and prevention of eczema.

The product employs 'Proderm Technology', which, the company claims, helps the skin rapidly absorb the mousse into the upper layer of the skin to restore its natural protective properties.

The company says its patented lipid-based formula means The eczema mousse is easy to apply and creates a non-greasy barrier.

Price: £9.78/100ml
www.theeczemamousse.com

Top skincare sales tips

- Position leading brands for dry skin, such as E45, at eye level
- Ensure clear segmentation for each product type, ie cream, washes, lotions, etc
- Make use of PoS materials available from manufacturers to highlight ranges
- Be aware of the brands being advertised on television and give them prominent facings
- Keep all members of staff up to date with training so relevant advice can be offered to customers

Tips supplied by E45

Help break the itch/scratch cycle with our expertise.

DERMATOLOGICAL

E45

Itch Relief Cream

Contains Lauromacrogols and Urea

Rapid relief from the itch of eczema

Treats and soothes problem, dry skin conditions

E45 Itch Relief's dual-action formula is clinically proven to break the itch/scratch cycle in your patients.

Lauromacrogols soothes the itch whilst Urea hydrates and smoothes the affected skin. The performance of this dual action formula has been highly rated by patients, 70% of them rating the improvement in itching as 'good' or 'very good.'[1]

Help bring your patients relief through the expertise in E45 Itch Relief Cream.

DERMATOLOGICAL

E45

HEALTHY SKIN FEELS GREAT

Prescribing Information E45 Itch Relief Cream. E45 Itch Relief Cream contains lauromacrogols 3.0% w/w and urea 5.0% w/w. **Uses:** For reatment of pruritus, eczema, dermatitis and scaling skin conditions where an antipruritic and/or hydrating effect is required. It may also be used for the continued treatment and follow-up treatment of these skin diseases. **Dosage and administration:** Adults, the elderly and children: Apply to each affected area twice a day. The duration of treatment depends on the clinical response. **Contraindications:** Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions. **Special warnings and precautions for use:** May cause irritation if applied to broken or inflamed skin. **Pregnancy and lactation:** There are no specific restrictions concerning its use during pregnancy, but it is not to be used on the breasts immediately prior to breast feeding during lactation. **Undesirable effects:** E45 Itch Relief Cream has been reported to cause a burning sensation, erythema, pruritus or the formation of pustules. Contact allergy has also been reported. **Package quantities:** 50g and 100g tubes, 500g pump pack. **RRP excluding VAT):** 50g £3.40, 100g £4.63, 500g £16 42. **Legal category:** GSL. **Product licence number:** PL 00327/0122. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG2 3AA. **Further information is available from:** Reckitt Benckiser UK Healthcare, Dansom Lane, Hull HU8 7DS. **Date of preparation:** May 2009.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk.
Adverse events should also be reported to the Medical Information Unit, Reckitt Benckise Hull (0500 455 456).

Reference: 1.Vielfu D *et al. Z Hautkr* 67:9;816 - 821

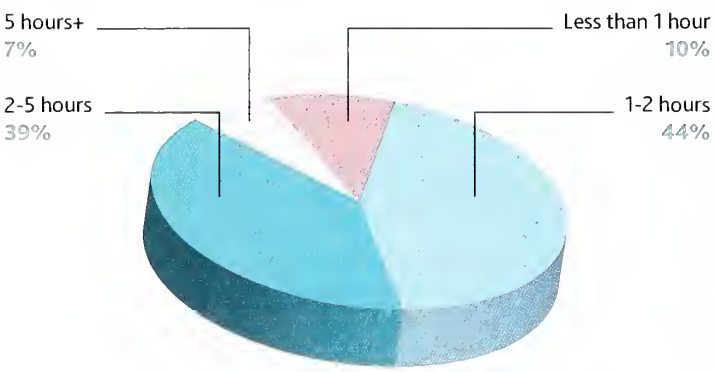
Date of preparation: July 2009.

Stock shocks

Sleepless nights, stressed-out patients and a huge dose of frustration. The C+D Stock Survey reveals the home truths behind dealing with drug shortages

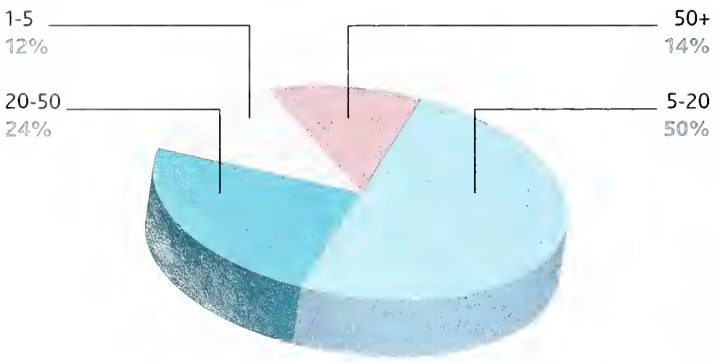
Trying to get to the bottom of stock shortages has been a bit like an Agatha Christie murder mystery. All the main characters – manufacturers, wholesalers and pharmacists – are in the frame for fouling up the medicines supply chain. Each side offers a different story on the extent and cause of drug shortages. So in an attempt to set the record straight, C+D launched our Stock Survey last month. Over 150 readers answered our questionnaire and their feedback can now help separate fact from fiction over medicine shortages. The results offer some frightening findings. The bottom line is that patients lives are being jeopardised because pharmacists can't get hold of vital medicines. In an NHS citing quality care for all, that's totally unacceptable. But let's not get hung up on whodunnit. The only satisfactory denouement is all sides working together to stamp out shortages once and for all.

1 On average, how long do you spend trying to get hold of out-of-stock drugs each week?



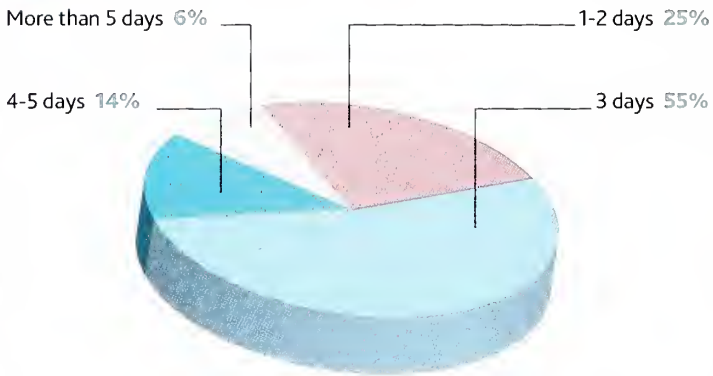
"The whole situation is so difficult. Luckily we get a company detail sheet from the PSNC so I can fax in orders direct. However, this is time consuming and ultimately the patient suffers as they have to wait."
Tommy Silvester, The Maple Leaf Pharmacy, Twickenham, Middlesex

2 How many drugs are currently out of stock at your wholesaler?



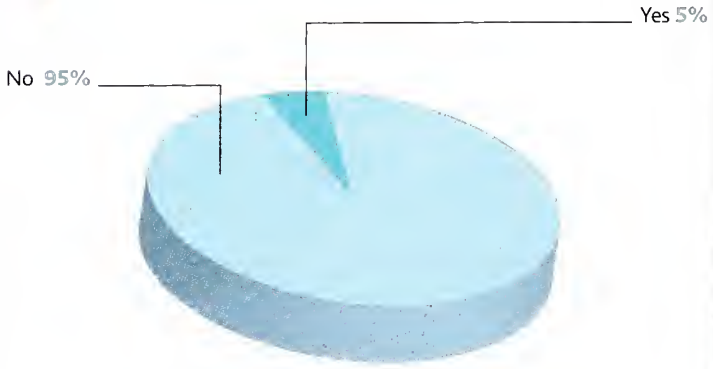
"We have to spend time on the phone finding out whether the drug from the wholesaler is actually out of stock or it is a shortage induced by the manufacturer trying to control supplies going out of the UK. All of this takes time and it delays the time in which we can get it to the patient. It takes a lot of pharmacists' time... it undermines [the patients'] confidence in our ability to provide a consistent service. The patients think we are useless."
Peter Neal, Manor Pharmacy, Wheathampstead, Herts

3 Typically how long do you have to wait for an emergency stock delivery when ordered direct from a manufacturer?



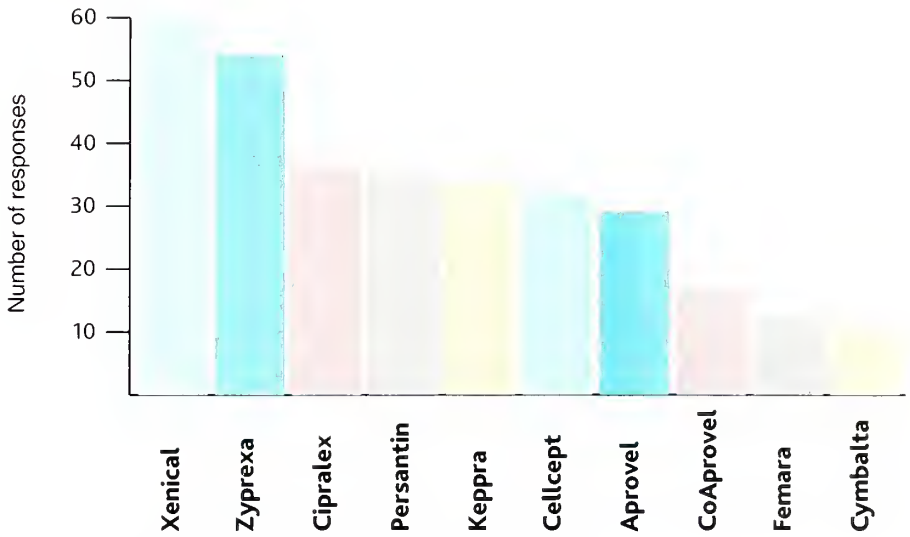
"It's very frustrating because patients are losing out on a few days of medications. On ringing the manufacturers, they are very abrupt and arrogant. In fact, I've begun to stop [ringing them] so I just have to lose the prescription and the patients are suffering. We spend so much time doing these things; it's an ongoing thing for one product spending about an hour just faxing and ringing people up."
Dilip Mehta, Northfield Pharmacy, Northfields, London

4 Have you ever practised parallel exporting?



"I do not do it, I never have done it and I do not necessarily think it is a wonderful idea. I do not like the idea of labelling over foreign languages. Sometimes it happens, stock will come in from the wholesalers but we will send it back. It is not ideal. I realise I am probably losing out on funding."
Rosemary Lunt, St Paul's Pharmacy, Runcorn, Cheshire

5

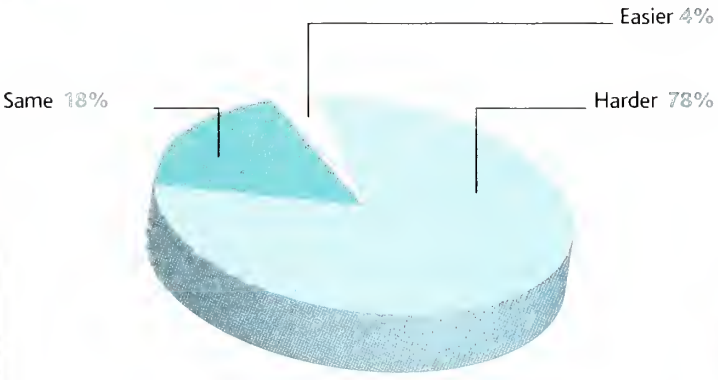


What have been the three most difficult products to get hold of this year?
(Graph on left shows the top 10 products cited by respondents)

"We have a problem getting hold of products. Sometimes you go home worrying about the patient and have a sleepless night, whether you are going to get the product before the patient runs out."
Arvind Patel, Barkey Chemist, Gloucester

6

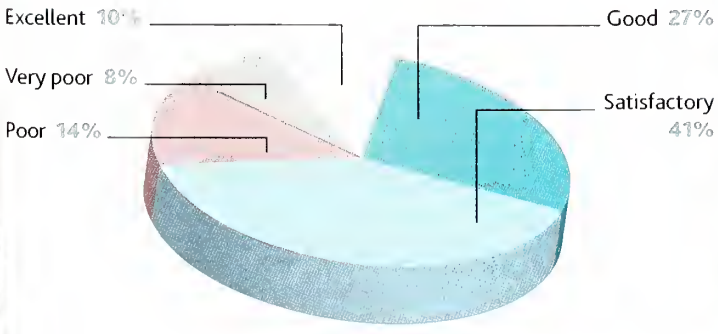
Has it been easier or harder to get hold of products from manufacturers running wholesaler distribution models?



"In my mind when the reduced wholesaler distribution model was brought up, the idea was that it would improve stock within the UK market. But there are other factors that have occurred within the last couple of years to do with parallel exporting. The situation has actually deteriorated... it is affecting the patients; we have to ration the product. It doesn't look good. The patient gets frustrated."
Sean Whelan, JS Langhorne Pharmacy, Haworth, West Yorkshire

7

How would you rate the customer service response from manufacturers when you have had to order a product direct?



"The manufacturers do seem sympathetic to our plight, but I am not sure that they can really help us in the end. Their response times are good; when we place a direct order, we usually get it within two days which, to be fair, isn't a bad turnaround. But it still takes a long time; I can be spending an hour a day ringing up."
Margaret Allen, Strathmore Pharmacy, Wrexham

iPod winner

Congratulations to Tim Barlow of St Peter's Pharmacy in Woolston, Southampton, who is the lucky winner of the prize draw to win an iPod shuffle after completing the C+D Stock Survey. And thanks to all our readers who completed the survey.

To see all the results from the C+D Stock Survey go to www.chemistanddruggist.co.uk/news

Finding your career path

As community pharmacists take on new roles, **Chris Chapman** looks at how the sector is finally developing a career pathway

It's hard to deny that community pharmacy offers a wealth of opportunities. You can run your own business or become the rising star in a corporation; you can become a pharmacist with a special interest or turn your hand to locum cover. The sector is your oyster.

The problem is that the community pharmacy career ladder lacks definition: what's the next step after you've passed your pre-registration exam? What is the next move to make in your blossoming career?

While postgraduate courses already exist for community pharmacists, they are not viewed as a necessary or even natural step. As Medway School of Pharmacy's Dr Shivaun Gammie says. "There's often no structure and no support given to community pharmacists."

The problem has also been recognised by government advisers. In February, Sir Christopher Edwards, chairman of NHS Medical Education England – the independent body which advises ministers on healthcare education – told C+D that careers in pharmacy needed "clarity of vision".

Compare and contrast the career development pathway of a community pharmacist with a hospital pharmacist. The NHS has clearly defined bands of pay, with a series of skills and competencies expected to be attained by staff at certain levels. The means of acquiring these skills is also clearer – underpinning a career in hospital pharmacy is the completion of a diploma. Indeed, postgraduate qualifications are something of a natural expectation in the sector, allowing pharmacists to climb the ladder to the top of the profession one rung at a time.

While this structure is not in place for community pharmacists, they can no longer afford to rest on the laurels of their undergraduate course if they want to maximise their career potential and take on challenging new roles. In 2008, the pharmacy white paper set the agenda, putting clear emphasis on increasing clinical service delivery. And the CPD requirements for pharmacists also mean that life-long learning and development have become a necessity.

Step forward the Joint Programmes Board (JPB).

This collaboration between nine university schools of pharmacy from across south east England and the NHS has an established programme for general level hospital pharmacists and is now launching a similar programme for community pharmacists.

It's an approach supported at the highest echelons of the profession. Community pharmacy tsar Jonathan Mason is an advocate of on-the-job career progression. "It's the way forward to support the development of community pharmacists," he says. "The approach, taking on modular diplomas, is the best way to allow pharmacists to study at their own pace and in their own organisations."

From September, Medway School of Pharmacy (one of the JPB partners) and C+D will be offering a new programme to give some definition to the blurred state of community careers. Based around a competency framework endorsed by the RPSGB (the 'general level framework'), the work-based course is aimed at newly qualified pharmacists or those expanding their range of competencies.

"It's about giving you a solid grounding in general level practice and preparing you to take on further roles," says Dr Gammie.

The aim of the course is simple: to make sure pharmacists are at a standard level of competency, and provide an academic qualification to prove it. As the course uses the General Level Framework, it gives pharmacists powerful evidence to show PCTs that they have the skills needed to take on local enhanced services.

> TAKING ON MODULAR DIPLOMAS IS THE BEST WAY TO ALLOW PHARMACISTS TO STUDY AT THEIR OWN PACE AND IN THEIR OWN ORGANISATIONS

But the real difference, says Dr Gammie, is that the programme gives students the flexibility to identify their learning needs – while the course has a set end point, how you get there is up to you.

"You assess yourself individually. What you do for this programme is work with your practice tutor to develop an individualised learning plan for you, based on meeting all the General Level Framework competencies."

The course is divided into a certificate and a diploma, each designed to be studied over 18 months. The majority of the course takes place in the workplace, although students are supported through study days and online tutorials. The certificate covers the essentials of practice, including clinical and services development as well as staff management; the diploma provides a gateway to the challenges that await at the top of the profession.

"The certificate is about getting everyone to a general level," says Dr Gammie. "With the diploma, you cover three defined areas of practice, and these are specialist areas: not yet at the advanced level, but starting to develop specialisation."

The diploma modules include skills absent from the undergraduate course: students will learn how to develop a business case and unravel the mysteries of commissioning. The final stage of the course also prepares pharmacists to progress further, whether it's to be a pharmacist with a special interest (PhwSI) or an independent prescriber.

The future of pharmacy is changing. Medical Education England has promised a postgraduate career structure that will allow the next generation of students to embrace their new roles and push ahead. But for the current crop of community pharmacists who want to move on, the Medway course, and others like it, may deliver the career pathway they need now.

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Connect yourself

It's not who you know, but what you know. It may be clichéd but **Zoe Smeaton** finds it really is worth investing time in networking

Imagine you've just left university and started your dream job – the work challenges and motivates you, your colleagues are inspirational and you can see yourself moving up the company ranks during your career.

This might be something we all aspire to, but the reality is that few jobs are for life. If you're going to push your career forward you're probably going to need to look beyond the company you work for and those you work closest with.

This is where networking comes in. Networking, or building useful professional contacts, is essential to alert you to, and enable you to make the most of, new job or business opportunities. Speaking to pharmacists with similar interests could help you find out, for example, about events that might improve your knowledge and skill mix, or new services your pharmacy could offer.

It also means you can share best practice, or seek advice on issues you might be facing that others have already experienced. Having that support can be a great asset.

As Jane Lumb, Numark's training manager, says, developing networking skills is "essential for those looking to develop either themselves or their businesses".

Ms Lumb says the first stage in successful networking is to think about what you are trying to achieve and take the time to find the people who matter in that area.

For many pharmacists the aim will be to build a network of peers with whom they can share ideas or discuss problems. A good place to start will be local representative groups such as LPCs or RPSGB branches. Ms Lumb says: "Both will provide access to key pharmacists in your area and should provide valuable insight into local priorities."

Build yourself a network of useful contacts and you will reap the rewards, both professionally and socially

Other ways to network include training events or conferences, and the RPSGB is to pilot an online solution to help groups of like-minded pharmacists (www.chemistanddruggist.co.uk/news).

Healthcare professionals outside pharmacy also make valuable contacts If you're considering taking a more specialist qualification, such as becoming a pharmacist prescriber, for example, it could be helpful to talk to GPs or nurses. Ms Lumb says links with GPs are "one key relationship that pharmacists often forget to invest time in cultivating".

Relationships with PCTs are also vital. Networking with the trusts is a key way to help ensure pharmacy gets services commissioned and becomes part of the primary care community. This could help your own career too. You'll be likely to hear about local opportunities and it will make you an attractive prospect for pharmacy businesses looking to influence their PCTs.

Kirstie Hepburn, director of the Scotland, Wales, Northern Ireland, Channel Islands and the Isle of Man region at Lloydspharmacy, says the company encourages all pharmacists and pharmacy managers to network. She suggests: "As well as making contacts within healthcare, I encourage pharmacists to go into local schools and nurseries to talk about the services they provide as well as keeping a regular dialogue with local traders."

Whoever you decide to network with, the key is to get talking. Ms Hepburn rates attending events as a good tactic: "My advice is to attend events and get involved. It's important to be visible, which means participating. If you volunteer your services and make a contribution it will help you in making those useful contacts."

Simple things such as asking a question at a conference, making those around you feel comfortable or writing a letter to a magazine can help get you noticed. Or ask mutual contacts to introduce you.

Above all, it's important to go out there and do it, however scary that might be. As Ms Lumb concludes: "The best networkers are not necessarily those with the most confidence, but those who remember networking is a two-way street and take the time to listen."

Career tip of the week

"You may have managed to [illegible] those four months out [illegible] supermarket shelves without the gap showing on your CV. But if you need to refer to it at the interview, it will call into question the credibility of your whole CV. So either put it on the CV, or make sure you don't refer to it at the interview."

From Brilliant Interview by Bob Jay

www.chemistanddruggist.co.uk/[illegible]

Why network?

Three people with different roles across community pharmacy explain why contacts are key

Tony Mottram, Numark managing director, says networking is "simply about relationships". And wherever your career takes you, good relationships with colleagues "help you to make good decisions, create opportunities and, above all, can help you to achieve your objectives".

John Evans, superintendent pharmacist at Asda, says: "I think it's very easy for pharmacists not to network – just going into work, dispensing prescriptions and being quite isolated. [But] pharmacists have to be big people as opposed to just working away in their pharmacies."

Mike Hewitson, contractor at Beaminster Pharmacy in Dorset, knows just how isolated pharmacy can be – his nearest independent rival is 25 miles away. Mr Hewitson's tactic is to talk to people at the end of any events, and he is also helping to launch a more formal networking programme for independents in the area. The group plans to hold meetings in which they will talk about how to get the most from their businesses. Mr Hewitson says he hopes they will be able to help each other identify possible new services to offer and to save each other time by sharing experiences. For example, Mr Hewitson says, one pharmacist might already have written a new procedure for their pharmacy to comply with new requirements, so they could share that with the group to avoid duplicating efforts.

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Postscript...

Mike Hewitson's diary of a new pharmacy owner

Charity case

Apparently I am running a charity to supply medicines to the impoverished National Health Service. My wholesaler has just written to inform me that our discounts have been reduced to 2.5 per cent under the level of our clawback; in other words we will lose 2.5 per cent on every medicine we supply which is made by more than half a dozen manufacturers.

This is simply unsustainable under current market conditions. Manufacturers are passing higher costs on to their customers and yet the Department of Health still seems to think we are making 'excessive' profit. The truth is that now the supply of branded medicines has become a loss-making activity, and while we may be told that higher purchase profits on generics more than balance this loss we have to remember that every pharmacy will be affected differently depending on its dispensing mix. Our basket of goods is heavy on branded goods, which although prescribed generically to tick the PCT's boxes still require us to supply a loss-incurring medicine.

It is a shame that the impact of independent contractors on drug prices is not properly recognised; because of the keen competition to get the best price we have driven down the cost of medicines to the NHS by huge sums of money. The introduction of parallel importing in the 1990s alone must have saved the taxpayer hundreds of millions of pounds because it has kept the prices that pharma can charge competitive with other European markets. Something has to be done.

> OUR DISCOUNTS HAVE BEEN REDUCED TO 2.5 PER CENT UNDER THE LEVEL OF OUR CLAWBACK

Climb every mountain

Pharmacists are an energetic bunch. While the closest Postscript gets to exercise is running for the bus every morning, two different groups of pharmacy mountaineers have put us to shame.

First up (literally) were 22 staff from woundcare manufacturer Mölnlycke Health Care (pictured), who took on the Welsh Six Peaks Challenge this month to raise money for DebRA, a charity for people with epidermolysis bullosa. The challenge, which saw the team tackle a 20-mile trek (starting by ascending Mount Snowdon), raised more than £4,700 for the cause.

And on September 3, nine volunteers from generics company Actavis will take on the daunting Three Peaks Challenge, scrambling over Ben Nevis, Scafell Pike and Snowdon within 24 hours to raise money for the Devon Air Ambulance Trust.

To support the teams, go to www.justgiving.com/mhc or www.justgiving.com/The-Actavis-Explorers, respectively.

Raiders of the lost archives

C+D 1859-2009 Celebrating 150 years in pharmacy

There was an ad in C+D, that stuck to awful rhyming with glee; it was selling some paste, though the words were bad taste, and it came out in April 1860.

The rhyming couplets, in a bid to sell Needham's Celebrated Polishing Paste, occupied a full page of C+D. Unfortunately, the composition was littered with cringe-worthy lines that make you wonder why the company thought it was a good idea.

"Thousands its merit now commend; and call it a woman's truest friend!" gibbered the ad, before warning against counterfeits with a melodramatic "Beware! Beware! Of Imposition; in buying Needham's Composition!"

Yikes. Needham's tried to sell with wit, but Postscript thinks its rhymes were...

Beautiful babies

Beautiful people are more likely to have children, according to research published in Evolution and Human Behaviour. The study took a peep at the high school photos of 2,241 men and women in their 50s, which were given marks on beauty by a panel of judges. The researchers then checked out if the participants had any children.

It turned out the people the judges fancied were more likely to have more kids than their less attractive counterparts. Postscript would never have guessed...

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